

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, JODHPUR  
DEPARTMENT OF NUCLEAR MEDICINE**

**NUCLEAR MEDICINE Procedure Requisition Form**

<b>Patient's Name:</b>	<b>Age/ Sex:</b>	<b>Patient UHID: AIIMS/JDH/</b>	
<b>OPD/ IPD-Bed No:</b>	<b>Bill No.</b>	<b>Date:</b>	
<b>Scan required:</b>			
<b>Indication:</b>			
<b>Relevant clinical history:</b>			
<b>Pregnancy:</b>	Yes/No	Date of LMP:	
<b>Relevant Biochemical investigations (Date):</b>			
<b>Previous Imaging findings:</b>			
<b>HPE diagnosis:</b>			
<b>Past history with brief details and medications:</b>	(DM/HTN/Renal disease/ cardiac disease/ surgery)		
<b>H/o Allergy</b>			
<b>Any chemotherapy/ radiotherapy received: If yes, last on:</b>			
<b>Referring clinician's signature, Name and designation</b>			

**For Nuclear Medicine Department use only:**

<b>Appointment Date &amp; Time:</b>	
<b>Comments (To the referring physician)</b>	<b>Refer to the instruction sheet provided to the patient and kindly ensure its compliance.</b>
<b>Signature &amp; Date:</b>	